

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-034839

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 38-1 Primary Registration District No. 6178 Registrar's No. 75

FILED SEP 3 1963

1. PLACE OF DEATH

a. COUNTY Sullivan

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN Duncan Twp.

Length of stay in 1b
60 yrs

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Sullivan

c. CITY OR TOWN S. W. Of Milan

Inside Limits
Yes ☐ No ☐

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION his home

Inside Limits
Yes ☐ No ☐

d. STREET ADDRESS (If outside, give location)
S. W. of Milan

Reside on Farm
Yes ☐ No ☐

3. NAME OF DECEASED

First Middle Last
Fred Walter Artz

4. DATE OF DEATH
Month Day Year
August 29, 1963

5. SEX
Male

6. COLOR OR RACE
White

7. Married ☐ Never Married ☐
Widowed ☒ Divorced ☐

8. DATE OF BIRTH
6/22/1888

9. AGE (last birthday)
75

IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Farmer

10b. KIND OF BUSINESS OR INDUSTRY
Retired Farmer

11. BIRTHPLACE (City and state or country)
Aledo, Ill.

12. CITIZEN OF WHAT COUNTRY
U.S.A

13a. FATHER'S NAME

Ambrose G. Artz

13b. MOTHER'S MAIDEN NAME

Julia Taylor

14. NAME OF HUSBAND OR WIFE

Dec.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates)
Yes WW I

16. SOCIAL SECURITY NO.
03

17. INFORMANT
Keith Artz Milan, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

coronary thrombosis -
unknown

INTERVAL BETWEEN ONSET AND DEATH
infant
sign

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT SUICIDE HOMICIDE
☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour a.m. p.m.
Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from _____ to _____ and last saw her alive on _____
Death occurred at 9:15 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title)
Edward Simpson, D.O. coroner

22b. ADDRESS
Milan, Mo.

22c. DATE SIGNED
8-30-63

23a. BURIAL, CREMATION, REMOVAL (Specify)

23b. DATE
9/1/63

23c. NAME OF CEMETERY OR CREMATORY
Schrock

23d. LOCATION (City, town, or county) (State)
Sullivan County, Mo.

24. FUNERAL DIRECTOR

ADDRESS
Milan, Mo.

25. DATE RECD. BY LOCAL REG.
8-30-63

26. REGISTRAR'S SIGNATURE
Mrs. M.W. Beckett

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

INSTEAD OF

DOCUMENT

BY AFFIDAVIT OF

DATE AMENDED

VS 300
Rev. 4/59

1 1050

2 1050

3

4 0

5 2

6

7 1

8 2

9 420-1

10

11

12 90-2

13 2-0

SEP 6 1963

DEC 4 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Geo. W. Ravalt

Licensed Embalmer No.

4799

P. O. Address

Milan, MD

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.